

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution:  
City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
(Specify whether  
In this community Unknown  
years, months or days)

3. (a) PRINT FULL NAME Charles McCaffrey

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Stella McCaffrey 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 31, 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Detroit, Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name James McCaffrey  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Doran  
15. Birthplace Michigan  
(City, town, or county) (State or foreign country)

16. (a) Informant Patrick J. McCaffrey  
(b) Address 7454 Hanover St., Detroit, Mich.

17. (a) Burial (b) Date thereof 5 11 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem., Belleville, Ill.

18. (a) Signature of funeral director Thomas F. Callan  
(b) Address 3634 Gravois Ave.

19. (a) MAY 10 1940 (b) J. J. Brudeck  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1821 S. 7th Street  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1943 to 1943  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture left femur  
when deceased fell to the floor  
at her home 1821 S. 7th  
St. April 22nd. 1943  
Due to fracture

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Apr 7 1943  
(c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Thomas F. Callan (or other)  
Address Deputy Coroner Date signed 5-10-43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Robert C. Wheeler*

Licensed Embalmer No.....

*2128*

P. O. Address.....

*St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**